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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> TOC-0007                         |  |
|   |  | <b>First Inventor</b> Hiroshi Kainuma                       |  |
|   |  | <b>Title</b> CONTROL VALVE FOR VARIABLE CAPACITY COMPRESSOR |  |
|   |  | <b>Express Mail Label No.</b>                               |  |

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b> MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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|--|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>17</b> ]</span><br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>3</b> ]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>3</b> ]</span><ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span><br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: Associate Power of Attorney</p> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

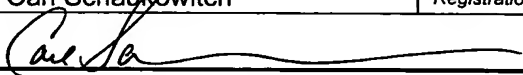
**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|   |            |  |                |
|---|------------|--|----------------|
| <input checked="" type="checkbox"/> Customer Number: <b>23353</b> |            | OR <input type="checkbox"/> Correspondence address below |                |
| <b>Name</b> RADER, FISHMAN & GRAUER PLLC                          |            |  |                |
| <b>Address</b> 1233 20th Street, N.W.<br>Suite 501                |            |  |                |
| <b>City</b>   | Washington | <b>State</b>   | DC             |
| <b>Zip Code</b>   | 20036      |  |                |
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|   |            | <b>Fax</b>   | (202) 955-3751 |

|                          |   |  |                  |
|--------------------------|---|--|------------------|
| <b>Name (Print/Type)</b> | Carl Schaukowitz  | <b>Registration No. (Attorney/Agent)</b> | 29,211           |
| <b>Signature</b>         |  | <b>Date</b>                              | October 22, 2003 |



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| FEE TRANSMITTAL<br>for FY 2003   |          |              |          | Complete if Known   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|--|----------|--------------|----------|---|----------|--------------------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|--------|------|-----|-------------------------------------|-----|-----------------------------------|----|------|-----|---|-----|---------------------------------------|-----|------|-----|---------------------------|-----|--|-------|------|-------|--|----|--|------|---------------------|------|--|--|--------------------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|
| <p style="font-size: 0.8em;">Effective 01/01/2003, Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>770.00</b></p>  |          |              |          | Application Number  |          | Not Yet Assigned         |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|  |          |              |          | Filing Date   |          | Concurrently Herewith    |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|  |          |              |          | First Named Inventor  |          | Hiroshi Kainuma          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|  |          |              |          | Examiner Name   |          | Not Yet Assigned         |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|  |          |              |          | Art Unit  |          | N/A                      |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
|  |          |              |          | Attorney Docket No.   |          | TOC-0007                 |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |          |              |          | FEE CALCULATION (continued)   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">18-0013</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Rader, Fishman &amp; Grauer PLLC</span></p> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>  |          |              |          | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>*Reduced by Basic Filing Fee Paid</b></td> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td> <td colspan="2"></td> </tr> </tbody> </table> |          |                          |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130    | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 1053                                  | 130 | 1053 | 130 | Non-English specification |     | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examiner action |  | 1805               | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |  | <b>*Reduced by Basic Filing Fee Paid</b> |  |  |  | <b>SUBTOTAL (3) (\$)</b> |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description   | Fee Paid |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1051   | 130      | 2051         | 65       | Surcharge - late filing fee or oath   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1052   | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1053   | 130      | 1053         | 130      | Non-English specification   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1812   | 2,520    | 1812         | 2,520    | For filing a request for <i>ex parte</i> reexamination  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1804   | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1251   | 110      | 2251         | 55       | Extension for reply within first month  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1252   | 410      | 2252         | 205      | Extension for reply within second month   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1253   | 930      | 2253         | 465      | Extension for reply within third month  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1254   | 1,450    | 2254         | 725      | Extension for reply within fourth month   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1255   | 1,970    | 2255         | 985      | Extension for reply within fifth month  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1401   | 320      | 2401         | 160      | Notice of Appeal  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1402   | 320      | 2402         | 160      | Filing a brief in support of an appeal  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1403   | 280      | 2403         | 140      | Request for oral hearing  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1451   | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1452   | 110      | 2452         | 55       | Petition to revive - unavoidable  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1453   | 1,300    | 2453         | 650      | Petition to revive - unintentional  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1501   | 1,300    | 2501         | 650      | Utility issue fee (or reissue)  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1502   | 470      | 2502         | 235      | Design issue fee  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1503   | 630      | 2503         | 315      | Plant issue fee   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1460   | 130      | 1460         | 130      | Petitions to the Commissioner   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1807   | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1806   | 180      | 1806         | 180      | Submission of Information Disclosure Stmt   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 8021   | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties)  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1809   | 750      | 2809         | 375      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1810   | 750      | 2810         | 375      | For each additional invention to be examined (37CFR 1.129(b))   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1801   | 750      | 2801         | 375      | Request for Continued Examination (RCE)   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1802   | 900      | 1802         | 900      | Request for expedited examination of a design application   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Other fee (specify)  |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <b>*Reduced by Basic Filing Fee Paid</b>   |          |              |          | <b>SUBTOTAL (3) (\$)</b>  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| FEE CALCULATION  |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1. BASIC FILING FEE  |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="2" style="text-align: right;"><b>(\$)</b> 770.00</td> </tr> </tbody> </table>   |          |              |          | Large Entity  |          | Small Entity             |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001     | 770      | 2001     | 385      | Utility filing fee     | 770.00 | 1002 | 330 | 2002                                | 165 | Design filing fee                 |    | 1003 | 520 | 2003  | 260 | Plant filing fee                      |     | 1004 | 750 | 2004                      | 375 | Reissue filing fee                                 |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |      |  |  | <b>(\$)</b> 770.00 |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description   | Fee Paid |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1001   | 770      | 2001         | 385      | Utility filing fee  | 770.00   |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1002   | 330      | 2002         | 165      | Design filing fee   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1003   | 520      | 2003         | 260      | Plant filing fee  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1004   | 750      | 2004         | 375      | Reissue filing fee  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1005   | 160      | 2005         | 80       | Provisional filing fee  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <b>SUBTOTAL (1)</b>  |          |              |          | <b>(\$)</b> 770.00  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <p>Total Claims: <span style="border: 1px solid black; padding: 2px;">6</span> -20** = <span style="border: 1px solid black; padding: 2px;">0</span> x <span style="border: 1px solid black; padding: 2px;">0.00</span> = <span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p>Independent Claims: <span style="border: 1px solid black; padding: 2px;">1</span> -3** = <span style="border: 1px solid black; padding: 2px;">0</span> x <span style="border: 1px solid black; padding: 2px;">0.00</span> = <span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p>Multiple Dependent: <span style="border: 1px solid black; padding: 2px;">0</span> x <span style="border: 1px solid black; padding: 2px;">0.00</span> = <span style="border: 1px solid black; padding: 2px;">0.00</span></p>  |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td colspan="2" style="text-align: right;"><b>(\$)</b> 0.00</td> </tr> </tbody> </table> |          |              |          | Large Entity  |          | Small Entity             |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202     | 18       | 2202     | 9        | Claims in excess of 20 |        | 1201 | 84  | 2201                                | 42  | Independent claims in excess of 3 |    | 1203 | 290 | 2203  | 145 | Multiple dependent claim, if not paid |     | 1204 | 84  | 2204                      | 42  | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |  |  | <b>(\$)</b> 0.00   |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Large Entity   |          | Small Entity |          | Fee Description   | Fee Paid |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1201   | 84       | 2201         | 42       | Independent claims in excess of 3   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1203   | 290      | 2203         | 145      | Multiple dependent claim, if not paid   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1204   | 84       | 2204         | 42       | ** Reissue independent claims over original patent  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| <b>SUBTOTAL (2)</b>  |          |              |          | <b>(\$)</b> 0.00  |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| **or number previously paid, if greater; For Reissues, see above   |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| SUBMITTED BY   |          |              |          |   |          |                          |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Name (Print/Type) Carl Schaukowitch  |          |              |          | Registration No. (Attorney/Agent) 29,211  |          | Telephone (202) 955-3750 |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |
| Signature  |          |              |          |   |          | Date October 22, 2003    |  |                 |          |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                    |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |